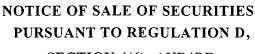
1157436

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

05045899



UNIFORM LIMITED OFFERING EXEMPTION

SECTION 4(6), AND/OR

SEC USE ONLY					
Prefix	Serial				
DATE RECEIV	/ED				

Name of Offering (check if this is an amendment and name has changed, and indicate c Financing Warrants to Purchase Preferred Stock	change.) Supplemental Convertible Note
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 S	Section 4(6) ULOE
Type of Filing: New Filing Amendment No. 1	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer cap-XX, Inc. (check if this is an amendment and name has	s changed, and indicate change.)
Address of Executive Offices: (Number and Street, City, State, Zip Code) Units 9 & 10, 12 Mars Road, Lane Cove, NSW 2066 Australia	Telephone Number (Including Area Code) 61 (2) 9420-0651
Address of Principal Business Operations: (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business:	
Development, marketing and production of advanced electronics	S TO X CALL D.
Type of Business Organization	ner (please specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year	on for State: DE MEMSON

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer-ing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; • Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Director General and/or ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Kongats, Anthony Business or Residence Address (Number and Street, City, State, Zip Code) c/o Units 9 & 10, 12 Mars Road, Lane Cove, NSW 2066 Australia Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Loo, Hock Voon Business or Residence Address (Number and Street, City, State, Zip Code) c/o 16-03 BP Tower, 396 Alexandra Road, Singapore 119954 □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Bailey, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) Units 9 & 10, 12 Mars Road, Lane Cove, NSW 2066 Australia ☐ Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Murray, John Business or Residence Address (Number and Street, City, State, Zip Code) c/o Level 4, Nokia House, 19 Harris Street, Pyrmont NSW 2009 Australia Check Box(es) that Apply: ☐ Beneficial Owner □ Director ☐ Promoter ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Ingo, Susing (Number and Street, City, State, Zip Code) Business or Residence Address c/o Van Breestraat 78, 1071 ZS, Amsterdam, The Netherlands Check Box(es) that Apply: □ Director ☐ General and/or Promoter ☐ Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Quinn, Michael Business or Residence Address (Number and Street, City, State, Zip Code) c/o Suite 401, 35 Lime Street, Kings Wharf NSW 2000 Australia Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Campbell, Chris Business or Residence Address (Number and Street, City, State, Zip Code) c/o Units 9 & 10, 12 Mars Road, Lane Cove, NSW 2066 Australia Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer ☐ Director ☐ General and/or

				····	Managing Partner
Full Name (Last name first, if indi	ividual)				Transging Farmer
Ducon Management Pty.	rviduur)				
Business or Residence Address	(Number a	nd Street, City, State, Z	in Code)		
c/o 3/685 Pittwater Road, Dee Why,	•		ip code)		
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indi	ividual)		w - n - 1		
Intel Pacific, Inc.	,				
Business or Residence Address	(Number a	nd Street, City, State, Z	ip Code)		
c/o 32/F, Two Pacific Place, 88 Quee	•	• • • • • • • • • • • • • • • • • • • •	•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indi	ividual)				
TVP No. 2 Fund Nominees Pty.	Limited				
Business or Residence Address	(Number a	nd Street, City, State, Z	ip Code)		
c/o Level 4, Nokia House, 19 Harris	Street, Pyrm	ont NSW 2009 Australia			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indi	ividual)				
ABN AMRO Capital (Belgium)	N.V.				
Business or Residence Address	(Number a	nd Street, City, State, Z	ip Code)		
c/o Regentlaan 53, 1000 Brussels, Be	elgium				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	ividual)				
Pacven Walden Ventures V, L.I	Р.				
Business or Residence Address	(Number a	nd Street, City, State, Z	(ip Code)		
c/o 16-03 BP Tower, 396 Alexandra	Road, Singa	pore 119954			
Check Box(es) that Apply:	Promoter	⊠Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Intel Capital Corporation				<u></u>	
Business or Residence Address 2200 Mission College Blvd, Santa		nd Street, City, State, Z	ip Code)		
	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or
		Belleticial Owlice		Director	Managing Partner
Full Name (Last name first, if ind					
TVP No. 3 Fund Nominees Pty.		10. 0			
Business or Residence Address	`		• /		
Level 4, Nokia House, 19 Harris S					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind Acer IP Fund One	lividual)				
Business or Residence Address	(Number a	nd Street, City, State, Z	Zip Code)		· · · · · · · · · · · · · · · · · · ·
167 Tun Hwa N. Road, 7th Flr, B					

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer ☐ Directo	r General and/or				
				Managing Partner				
Full Name (Last name first, if inc	lividual)							
Innovation Capital Limited								
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)					
35 Lime Street, Kings Wharf, NS	35 Lime Street, Kings Wharf, NSW 2000, Australia							
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer ☐ Directo	r General and/or				
				Managing Partner				
Full Name (Last name first, if inc	lividual)							
Starfish Technology Fund I, L.	P.							
Business or Residence Address (Number and Street, City, State, Zip Code)								
66 Jolimont Street, Jolimont, VI	C 3002, Austra	lia						

					B. INFO	ORMATI	ON ABO	UT OFFE	ERING					
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes 1	ν _ο ⊠					
2. Wha	at is the m	inimum in	vestment	that will b	e accepted	from any	individua	1?		•••••			\$ <u>N/A</u>	. •
			•		-								Yes]	No X
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE														
Full Na	me (Last r	name first,	if individ	ual)		N/A			•					
	Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer													
States in	n Which P	erson List	ed Has So	licited or l	Intends to	Solicit Pu	rchasers							
(Ch	eck "All S	tates" or c	heck indiv	vidual Stat	es)					******			All Sta	ites
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Last r	name first,	if individ	ual)										
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name o	f Associa	ted Broker	or Dealer						_					
		erson List												
(Ch	eck "All S	States" or o	check indi-	vidual Stat	tes)					•••••			All Sta	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
[M]	[30]	[3D]	[IIN]	[17]	[UI]	[4 1]	[VA]	[WA]	[** *]	[44 1]	[۲۷]	[LV]		
											,			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u>-</u>	\$
	Equity		\$47
	☐ Common ☒ Preferred		
	Convertible Securities (including warrants)	\$190,419	\$190,419
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$190,419	\$190,419
	Answer also in Appendix, Column 3, if filing under ULOE		
F	n this offering and the aggregate dollar amounts of their purchases. For offerings unclude 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero.	ate "	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	4	\$190,419
	Non-accredited Investors	0-	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE		
s r	f this filing is for an offering under Rule 504 or 505, enter the information requested for securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (I months prior to the first sale of securities in this offering. Classify securities by type list in Part C - Question 1.	2)	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505N/A		\$
	Regulation AN/A		\$
	Rule 504		\$
	Total		\$
r	Furnish a statement of all expenses in connection with the issuance and distribution in this offering. Exclude amounts relating solely to organization expenses of the issuer, may be given as subject to future contingencies. If the amount of an expenditure is not keestimate and check the box to the left of the estimate.	The information	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	,	S
	v 15		⋈ \$ <u>5,0</u>
	Legal Fees		
	Accounting Fees		⋈ \$2
	-		⊠ \$2 □ \$
	Accounting Fees		
	Accounting Fees Engineering Fees		s

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEED	S	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$185,219
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.			
		Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			\$
	Purchase of real estate	S		\$
	Purchase, rental or leasing and installation of machinery and equipment	□ \$		\$
	Construction or leasing of plant buildings and facilities	□ \$		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			\$
	Repayment of indebtedness			\$
	Working capital			\$ 185,219
	• .		_	
	Other (specify)	☐ \$		\$
		□ \$		\$
	Column Totals	⊠ \$ <u>-0-</u>	\boxtimes	\$ <u>185,219</u>
	Total Payments Listed (column totals added)		85,21	19

D.	FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) cap-XX, Inc.	Signature Campbell	Date February 22, 2005
Name of Signer (Print or Type) Chris Campbell	Title of Signer (Print or Type) Secretary and	Chief Financial Officer

ATTENTION

Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)